

032013-109

20 DEC 2004

COMBINED DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

As a below named inventor, I hereby declare that:

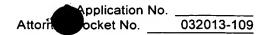
My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

	REINFORCED IONIC CONDUCTING MATERIAL, USE THEREOF IN ELECTRODES AND ELECTROLYTES
the:	specification of which (check only one item below):
	is attached hereto, and was amended on December 20, 2004 (if applicable).
	was filed as United States application number on
	and was amended on (if applicable).
	was filed as PCT international application number PCT/FR2003/001908 on June 20, 2003
	and was amended on (if applicable).
	reby state that I have reviewed and understand the contents of the above-identified specification, including claims, as amended by any amendment referred to above.
	knowledge the duty to disclose to the Office all information known to me to be material to patentability as ned in Title 37, Code of Federal Regulations, §1.56.
fore	reby claim foreign priority benefits under Title 35, United States Code, §§119 (a)-(d), 172 or 365(a) of any eign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at

least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (MM/DD/YYYY)	PRIORITY CLAIMED UNDER 35 U.S.C. §§119, 172 or 365(a
PCT	PCT/FR2003/001908	June 20, 2003	¥ Yes □ No
FRANCE	02/07746	June 21, 2002	¥Yes □No
			☐ Yes ☐ No
		*,	☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐Yes ☐No
			☐ Yes ☐ No

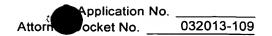


I hereby appoint the attorneys and agent(s) associated with the following PTO Customer Number of Burns, Doane, Swecker & Mathis, L.L.P. to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and to transact all business in connection with international applications directed to said invention:

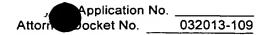
Customer Number 21839

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR		
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		- <u></u>	
NAME OF FOURTH INVENTOR			
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GIVEN NAME (first and middle (if any)) FAMILY NAME OR SUR		ME .	
Jean-Yves	SANCHEZ		
INVENTOR'S SIGNATURE	1	DATE	
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GIVEN NAME (first and middle (if any))	FAMILY NAME OR SURNA	ME	
INVENTOR'S SIGNATURE		DATE	
RESIDENCE (City, State & Country)		CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, St	ate, Zip & Country)		



NAME OF EIGHTH INVENTOR	
GIVEN NAME (first and middle (if any))	FAMILY NAME OR SURNAME
INVENTOR'S SIGNATURE	DATE
RESIDENCE (City, State & Country)	CITIZENSHIP
MAILING ADDRESS (Complete Street Address includi	ing City, State, Zip & Country)
NAME OF NINTH INVENTOR	
GIVEN NAME (first and middle (if any))	FAMILY NAME OR SURNAME
INVENTOR'S SIGNATURE	DATE
RESIDENCE (City, State & Country)	CITIZENSHIP
MAILING ADDRESS (Complete Street Address includi	ing City, State, Zip & Country)
NAME OF TENTH INVENTOR	
GIVEN NAME (first and middle (if any))	FAMILY NAME OR SURNAME
INVENTOR'S SIGNATURE	DATE
RESIDENCE (City, State & Country)	CITIZENSHIP
MAILING ADDRESS (Complete Street Address includi	ing City, State, Zip & Country)
Additional inventors are being named on the Supplem	mental Additional Inventor(s) Sheet(s) attached hereto.